



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
COUNTY TRANSFER REQUEST

FROM	COUNTY OFFICE			DATE
	ADDRESS			
	CITY	STATE	ZIP	TELEPHONE NUMBER
TO	COUNTY OFFICE			
	ADDRESS (STREET OR P.O. BOX NO.)			
	CITY	STATE	ZIP	

RE	CASE NAME		CASE NUMBER	
	SOCIAL SECURITY NO.	BIRTHDATE	RACE	SEX
	FORMER ADDRESS			

The above named claimant has advised us that he/she is now residing in your county.

At



- ☐ Will you please verify residence and authorize transfer of all applicable records to your county.
- ☐ Please indicate caseload number, worker number and supervisor number of receiving caseload.
- ☐ Please give the school district code.

CASEWORKER

RESPONSE

- ☐ We have verified the above claimant is now living at the following address:

- ☐ Please consider this as authorization to transfer all applicable record(s) to

COUNTY	COUNTY NO.	SCHOOL DIST. CODE	CASELOAD NO.	WKR. NO.	SUPERVISOR NO.
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- ☐ If any point of eligibility needs clarifying, we will appreciate your taking action before the transfer is made. On Food Stamp cases, please complete action required for county transfers.
- ☐ We cannot authorize transfer at this time because:

WORKER

DATE